



100 Courthouse Square/PO Box 66 Downieville CA 95936 (530)289-3700 Fax (530) 289-3318

SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Physical force used against: (If physical force was us	sed against bo	th a civilian and	a staff mem	ber, mark both)
[X] Civilian [] SCSO staff [] Both				
Date if occurrence: 1/29/2019	Time o	f occurrence:	1750 hrs.	
Incident Location (Address) (number, street, city, z	tip): 927 W. S	Sierra Brooks [Or. Loyalto	n, CA
Is this a K-12 Campus?	Yes	No		
Underlying incident resulted in arrest?	Yes	No		
Underlying incident resulted in crime report?	Yes	No		
Corresponding SCSO Report #: 19-00130	_ Primary	Agency? Y	'es	No
Primary reason for contact: (Mark all that apply)				
[] Call for service [] Pre-planned activity [X]W	elfare checl	k [] In custod	y event* [] Ped stop
[] Vehicle/Bicycle/Boat Stop [] Investigation []	Public flag d	own [] Ambu	sh-No war	ning
[] Civil Disorder				
*If this was an in custody incident choose from	one of the	following eve	nt options	:
[] In Transit [] Awaiting Booking [] Booked-No	charges filed	d [] Booked-A	waiting tria	al
[] Out to Court [] Sentenced [] Other:				
Number of civilian(s) who assaulted officer(s):	Number of o	officer(s) assau	ilted:	
Number of officer(s) who used force: 2 Number	er of Civilian(s) who experie	nced use	of force _1_
Number of Officer(s) present on scene _2				



Sheriff-Coroner County of Sierra State of California

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Civilian level of resistance:
[] Cooperative [] Passive-non compliance [X] Resistance [] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [] Other weapon:
*If armed, indicate if attempt was made to disarm (circle one): Yes No
<u>Civilian Injury:</u> Yes No (If yes choose severity)
[X] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No Type of force used by officer (Check all that apply): [X] Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact <u>Location(s) of force used (check all that apply):</u> [] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest
[X] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[X] Front below waist/groin area [] Rear below waist/buttocks [X] Arms/hands [X] Front legs/feet

Sheriff-Coroner County of Sierra State of California

Tim Standley

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Civilian Injury Type (Check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [X] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: [X] None/Refused [] Treated at scene [] Treated at facility(released) [X] Admitted to Hospital
[] Admitted to Hospital with critical injuries
Suspect was admitted to the hospital on a mental health hold.
Civilian Demographics:
Gender: (circle one) Date of Birth: 09/16/1988
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan [] Other Pacific Islander [] Vietnamese [X] White [] Other
[] Other Pacific Islander [] Vietnamese [X] White [] Other
[] Other Pacific Islander [] Vietnamese [X] White [] Other Civilian Behavior:
[] Other Pacific Islander [] Vietnamese [X] White [] Other
[] Other Pacific Islander [] Vietnamese [X] White [] Other
[] Other Pacific Islander [] Vietnamese [X] White [] Other



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Type of force used by civilian (check all that apply); [] Physical Contact (If checked, circle all options that apply)	
Control Hold/Takedown Carotid Restraint Other use of [] Discharge of Firearm (If checked, circle all that apply):	
Handgun Rifle Shotgun	
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device	
[] Impact Projectile [] Knife, Blade or Stabbing Instrument [] Animal [] Other dangerous wear	on
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front Side Rear	
[] Neck/throat [] Front upper torso/chest [] Rear upper torso/back [] Front lower torso/abdome	en
[] Rear lower torso/back [] Front below waist/groin [] Rear below waist/buttocks [X] Arms/hai	nds
[] Front legs/feet [] Rear legs	
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration	
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound	
Medical aid: [X] None/Refused [] Treated at scene [] Treated at Hospital & Released [] Admitted to hospi	tal
[] Admitted to Hospital with critical injuries	
SCSO Staff Member Demographics:	
Gender (circle one): Date of Birth 2/2/76	
Male Female Transgender	
*Was the staff member on duty? Yes No	



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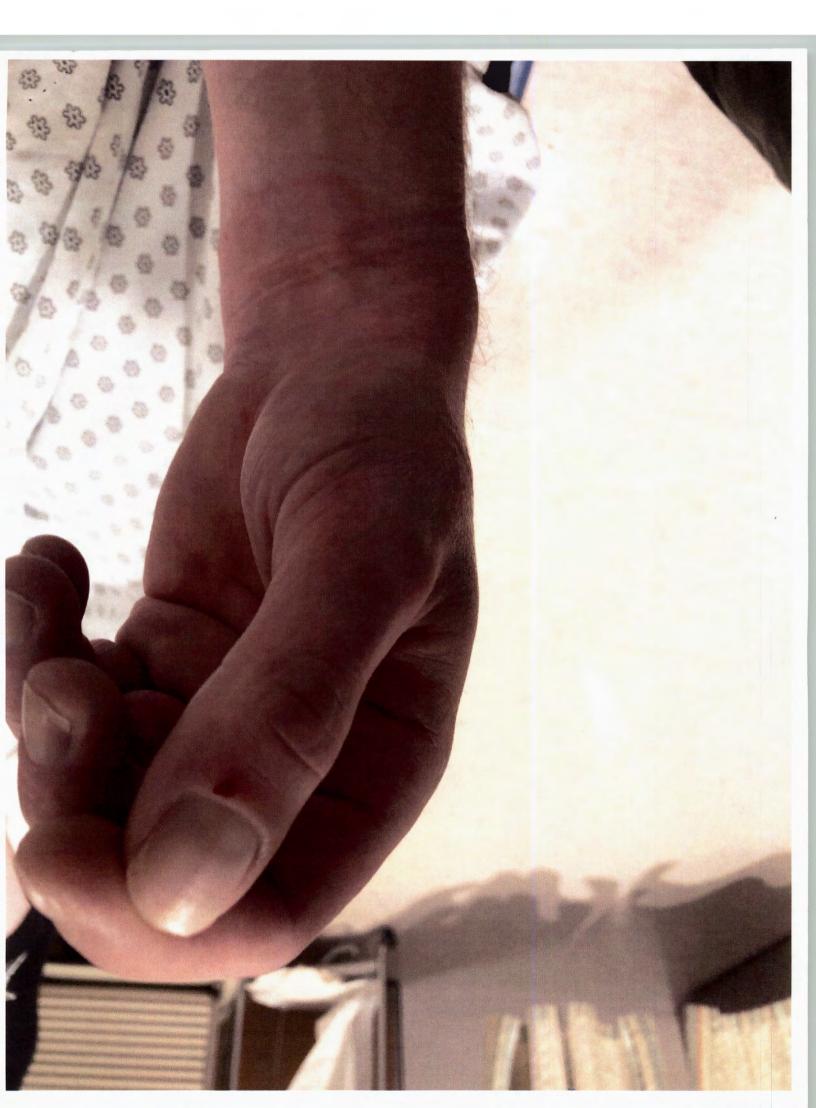
Race (check all that apply): [] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean
[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese
[X] White [] Other Asian [] Other Pacific Islander [] Other
Dress: [X] Patrol Uniform [] Tactical Uniform [] Utility Uniform [] Plainclothes

This five page form will be completed for each separate use of force by or against a staff member of the Sierra County Sheriff's Office (Both sworn and non-sworn employees). This form will not be attached to any other reports or documents. Upon completion of this five page form, line personnel will submit the completed form to their immediate supervisor prior to the end of their shift. If any line personnel are unable to complete this form due to injury, their immediate supervisor will complete the form on their behalf and to the best of the supervisor's knowledge of the circumstances surrounding the involved incident. All completed forms will be forwarded to the Undersheriff as soon as practical by the immediate supervisor.

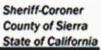














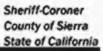
Mike Fisher

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)
[] Civilian [] SCSO staff [X] Both
Date if occurrence: 02/10/2019 Time of occurrence: 0850
Incident Location (Address) (number, street, city, zip): 10121 Pine Ave.
Truckee, CA 96161
Is this a K-12 Campus? Yes (No
Underlying incident resulted in arrest?
Underlying incident resulted in crime report? Yes No
Corresponding SCSO Report #: 19-00199 Primary Agency? Yes No
Primary reason for contact: (Mark all that apply)
[X] Call for service [] Pre-planned activity [] Welfare check [] In custody event* [] Ped stop
[] Vehicle/Bicycle/Boat Stop [] Investigation [] Public flag down [] Ambush-No warning
[] Civil Disorder
*If this was an in custody incident choose from one of the following event options:
[] In Transit [] Awaiting Booking [] Booked-No charges filed [] Booked-Awaiting trial
[] Out to Court [] Sentenced [X] Other: Hospital 5150 W&I hold
Number of civilian(s) who assaulted officer(s): 1 Number of officer(s) assaulted: 1
Number of officer(s) who used force: 1 Number of Civilian(s) who experienced use of force 1
Number of Officer(s) present on scene 1





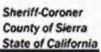
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Civilian level of resistance:
[] Cooperative [] Passive-non compliance [X] Resistance [X] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [] Other weapon: [] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: Yes No (If yes choose severity)
[X] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No
Type of force used by officer (Check all that apply): [X] Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[X] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): [] Head (circle all that apply) Front Side Rear [] Neck/throat [X] Front upper torso/chest
[] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[] Front below waist/groin area [] Rear below waist/buttocks [] Arms/hands [] Front legs/feet





SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

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Civilian Injury Type (Check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: [X] None/Refused [] Treated at scene [] Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injuries
Civilian Demographics: Gender: (circle one) Date of Birth: 9/16/1988
Gender: (circle one) Date of Birth:
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanio
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese [X] White [] Other
Civilian Behavior: Erratic behavior observed? Yes No
*If Yes, Indicate signs by checking all that apply: [] Mental disability [] Developmental disability [] Physical Disability [X] Drug impairment
[] Alcohol impairment
SCSO Staff Injury: Yes No (If yes choose severity)
[X] Minor injury [] Serious bodily injury [] Death



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*If death is selected, indicate whether death occurred as a result of force used:

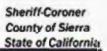
Yes No

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Type of force used by civilian (check all that apply); [X] Physical Contact (If checked, circle all options that apply)
Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc
[] Discharge of Firearm (If checked, circle all that apply):
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device
[] Impact Projectile [] Knife, Blade or Stabbing Instrument [] Animal [] Other dangerous weapon
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front Side Rear
[] Neck/throat [X] Front upper torso/chest [] Rear upper torso/back [] Front lower torso/abdom/
[] Rear lower torso/back [] Front below waist/groin [] Rear below waist/buttocks [] Arms/hands
[] Front legs/feet [] Rear legs
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [X] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical aid: [X] None [] Treated at scene [] Treated at Hospital & Released [] Admitted to hospital
[] Admitted to Hospital with critical injuries
SCSO Staff Member Demographics: Gender (circle one): Date of Birth
Gender (circle one): Date of Birth
Male Female Transgender





Mike Fisher

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*Was the staff member on duty?

Yes

No

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Race (check all that apply):
[] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean
[] Filipino [] Guarnanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese
[X] White [] Other Asian [] Other Pacific Islander [] Other
Dress:
X] Patrol Uniform
Tactical Uniform
Utility Uniform
Plainclothes
• • • • • • • • • • • • • • • • • • • •

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Number of Officer(s) present on scene 3

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)
[] Civilian [] SCSO staff
Date if occurrence: 8-24-18 Time of occurrence: 13/8 HRS-1630 MRS
Incident Location (Address) (number, street, city, zip):100 Court House Square, Tought Filter
STEREA NEVADA HOSPITAL GRASSVALLEY, CA
Is this a K-12 Campus? Yes No
Underlying incident resulted in arrest? Yes No
Underlying incident resulted in crime report?
Corresponding SCSO Report #: 18-0379 Primary Agency? Yes No
Primary reason for contact: (Mark all that apply)
[] Call for service [] Pre-planned activity [] Welfare check Min custody event* [] Ped stop
[] Vehicle/Bicycle/Boat Stop [] Investigation [] Public flag down [] Ambush-No warning
[] Civil Disorder
*If this was an in custody incident choose from one of the following event options:
In Transit [] Awaiting Booking [] Booked-No charges filed [] Booked-Awaiting trial
[] Out to Court [] Sentenced [] Other:
Number of civilian(s) who assaulted officer(s): \(\) Number of officer(s) assaulted: \(\)
Number of officer(s) who used force: 3 Number of Civilian(s) who experienced use of force 0



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

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Civilian level of resistance:
[] Cooperative [] Passive-non compliance [] Resistance Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [] Other weapon: Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes
Civilian Injury: No (If yes choose severity)
Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes
Type of force used by officer (Check all that apply): Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): Head (circle all that apply) Front Side Rear Neckthroat Front upper torso/chest
Rear upper torso/back AFront lower torso/abdomen AFRear lower torso/back AFRear legs
Front below waist/groin area Rear below waist/buttocks PArms/hands WFront legs/feet



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[] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: [] None/Refused
[] Admitted to Hospital with critical injuries
Civilian Demographics:
Gender: (circle one) Date of Birth: Z - ZZ - 90
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese White [] Other
Civilian Behavior: Erratic behavior observed? Yes No
*If Yes, Indicate signs by checking all that apply: Mental disability [] Developmental disability [] Physical Disability Drug impairment
Alcohol impairment
SCSO Staff Injury: Yes No (If yes choose severity)
Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes



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Type of force used by civilian (check all that ap Physical Contact (If checked, circle all option	
Control Hold/Takedown Carotid Restraint	Other use of hands, fists, feet, etc North
[] Discharge of Firearm (If checked, circle all the	hat apply):
Handgun Rifle Shotgun	
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device
[] Impact Projectile [] Knife, Blade or Stabbir	ng Instrument [] Animal [] Other dangerous weapon
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front	
[] Neck/throat [] Front upper torso/chest []	Rear upper torso/back K Front lower torso/abdomen
[] Rear lower torso/back [] Front below waist	t/groin [] Rear below waist/buttocks 📈 Arms/hands
[] Front legs/feet [] Rear legs	
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone	fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound	[] Stabbing wound
Medical aid: None/Refused [] Treated at scene [] Tre	ated at Hospital & Released [] Admitted to hospital
[] Admitted to Hospital with critical injuries	
SCSO Staff Member Demographics:	
Gender (circle one): Date of Bi	rth 3-28-81
Male Female Transgender	
*Was the staff member on duty? Yes	No



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Race (check all that apply): [] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean
[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese
White [] Other Asian [] Other Pacific Islander [] Other
<u>Dress:</u> ☐ Patrol Uniform ☐] Tactical Uniform ☐] Utility Uniform ☐] Plainclothes

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Physical force used against: (If physical force was u	sed against be	oth a civilian	and a staff m	ember, mark both)
[X] Civilian [] SCSO staff [] Both				
Date if occurrence:7/12/18	Time of	occurrence:	_1248 hrs.	
Incident Location (Address) (number, street, city, 13.75	zip): Hwy 89	@ MPM		
Is this a K-12 Campus?	Yes	No		
Underlying incident resulted in arrest?	Yes	No		
Underlying incident resulted in crime report?	Yes	No		
Corresponding SCSO Report #:18-01070	Primar	y Agency?	Yes	No
Primary reason for contact: (Mark all that apply)				
[] Call for service [] Pre-planned activity [] We	elfare check	[] In custo	dy event* [] Ped stop
[] Vehicle/Bicycle/Boat Stop [] Investigation [>	() Public flag	down [] A	Ambush-No	warning
[] Civil Disorder				
*If this was an in custody incident choose from	n one of the	following	event optio	ns:
[] In Transit [] Awaiting Booking [] Booked-No	charges file	d [] Booke	ed-Awaiting	trial
[] Out to Court [] Sentenced [X] Other: _849b monitoring period for 11550	after hospita	al advised th	ney would re	equire a long
Number of civilian(s) who assaulted officer(s): _1	_ Number o	f officer(s) a	ssaulted: _	1_
Number of officer(s) who used force: _2_ Numb	er of Civilian	(s) who exp	erienced us	se of force _1_
Number of Officer(s) present on scene _3 (and 1	officer in the	ambulance	during tran	sport)



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Civilian level of resistance:
[] Cooperative [] Passive-non compliance [X] Resistance [] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [X] Other weapon: Knife (removed on initial contact from pocket) [] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: Yes No (If yes choose severity)
[] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No Type of force used: by officer (Check all that apply): [X] Physical contact ('if checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact <u>Location(s) of force used (check all that apply):</u> [] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest
[X]Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[X] Front below waist/groin area [] Rear below waist/buttocks [X] Arms/hands [X] Front legs/feet



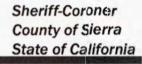
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Civilian Injury Type (Check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: [X] None/Refused [] Treated at scene [] Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injuries
Civilian Demographics:
Gender: (circle one) Date of Birth: _03/31/1994
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese [X] White [] Other
Civilian Behavior: Erratic behavior observed? Yes No
*If Yes, Indicate signs by checking all that apply: [] Mental disability [] Developmental disability [] Physical Disability [X] Drug impairment
[] Alcohol impairment
SCSO Staff Injury: Yes No (If yes choose severity)
[] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No





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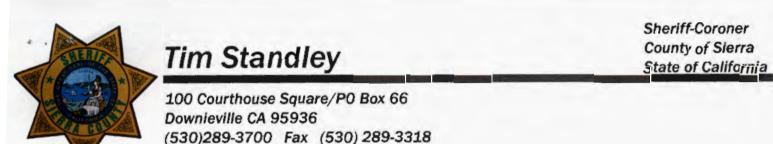
SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Page 4 of 5

Type of force used by civilian (check all that apply);
[X] Physical Contact (If checked, circle all options that apply)

de la companya della companya della companya de la companya della			
Control Hold/Takedov	VN Carotid R	estraint	Other use of hands, fists, feet, etc
[] Discharge of Firearm (If checke	d, circle all that a	pply):	
Handgun Rifle Shotgun			
[] Vehicle contact [] Blunt/Impac	t weapon [] Che	emical Spra	y [] Electronic Control Device
[] Impact Projectile [] Knife, Blad	de or Stabbing Ins	strument []	Animal [] Other dangerous weapon
Location(s) of force used (check all [] Head (if checked circle all that a		e Rear	
[] Neck/throat [X] Front upper to	rso/chest []Rea	ar upper tors	so/back [] Front lower torso/abdomen
[] Rear lower torso/back [] Front	below waist/groin	n []Reart	pelow waist/buttocks [X] Arms/hands
[X] Front legs/feet [] Rear legs			
Injury Type (check all that apply): [] Unconsciousness [] Concussion	on [] Bone fract	ure [] Inter	rnal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Guns	shot wound [] S	tabbing wou	und
Medical aid: [X] None/Refused [] Treated at a	scene [] Treated	d at Hospita	i & Released [] Admitted to hospital
[] Admitted to Hospital with critical SCSO Staff Member Demograph			
Gender (circle one):	Date of Birth	2/2/76_	
Male Female Transgender			
*Was the staff member on duty?	Yes	No	



SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

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Race (check all that apply):
[] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean
[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese
[X] White [] Other Asian [] Other Pacific Islander [] Other
Dress:
[X] Patrol Uniform
[] Tactical Uniform
[] Utility Uniform
[] Plainclothes

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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)
[X] Civilian [] SCSO staff [] Both
Date if occurrence: 01/20/2018 Time of occurrence: 1638
ncident Location (Address) (number, street, city, zip): 126 South Lincoln Highway Sierraville, CA 96126
Sierraville County Store
Is this a K-12 Campus? Yes No
Underlying incident resulted in arrest? Yes No
Underlying incident resulted in crime report?
Corresponding SCSO Report #: 18-00108 Primary Agency? Yes No
Primary reason for contact: (Mark all that apply)
[] Call for service [] Pre-planned activity [] Welfare check [] In custody event* [] Ped stop
[X] Vehicle/Bicycle/Boat Stop [] Investigation [] Public flag down [] Ambush-No warning
[] Civil Disorder
'If this was an in custody incident choose from one of the following event options:
[] In Transit [] Awaiting Booking [] Booked-No charges filed [] Booked-Awaiting trial
[] Out to Court [] Sentenced M Other:
Number of civilian(s) who assaulted officer(s): _1_ Number of officer(s) assaulted: _1_
Number of officer(s) who used force: _1_ Number of Civilian(s) who experienced use of force _1_
Number of Officer(s) present on scene 1



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Page 2 of 5

Civilian level of resistance:
[] Cooperative [] Passive-non compliance [x] Resistance [x] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [] Other weapon: [x] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: Yes No (If yes choose severity)
[] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No
Type of force used by officer (Check all that apply): [x] Physical contact (If checked circle options used) Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): [] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest
[] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[] Front below waist/groin area [] Rear below waist/buttocks [x] Arms/hands [] Front legs/feet



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Page 3 of 5

Civilian Injury Type (Check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: [] None/Refused [] Treated at scene [x] Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injuries
Civilian Demographics: Gender: (circle one) Date of Birth: 12 14 1975
Gender: (circle one) Date of Birth: 121
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese [x] White [] Other
Civilian Behavior: Erratic behavior observed? Yes No
*If Yes, Indicate signs by checking all that apply: [] Mental disability [] Developmental disability [] Physical Disability [x] Drug impairment
[x] Alcohol impairment
SCSO Staff Injury: Yes No (If yes choose severity)
[] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Page 4 of 5

Type of force used by civilian (check all that apply); [x] Physical Contact (If checked, circle all options that apply)
Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc
[] Discharge of Firearm (If checked, circle all that apply):
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device
[] Impact Projectile [] Knife, Blade or Stabbing Instrument [] Animal [] Other dangerous weapon
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front Side Rear
[] Neck/throat [] Front upper torso/chest [x] Rear upper torso/back [] Front lower torso/abdomen
[x] Rear lower torso/back [] Front below waist/groin [x] Rear below waist/buttocks [] Arms/hands
[] Front legs/feet [] Rear legs
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical aid: [x] None/Refused [] Treated at scene [] Treated at Hospital & Released [] Admitted to hospital
[] Admitted to Hospital with critical injuries
SCSO Staff Member Demographics: Gender (circle one): Date of Birth 4 30 1985
Male Female Transgender
*Was the staff member on duty? (Yes) No



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Page 5 of 5

Race (check all that apply):
[] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean
[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese
[x] White [] Other Asian [] Other Pacific Islander [] Other
Dress: [x] Patrol Uniform [] Tactical Uniform [] Utility Uniform [] Plainclothes

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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Physical force used against: (If physical force was us	sed against bo	oth a civilian and a staff member, mark both)
[] SCSO staff [] Both		
Date if occurrence: 03/06/18	Time of occu	rrence: <u>46:05</u>
Incident Location (Address) (number, street, city,	zip):	COURTHOUSE SQ.
DOWNIEVILLE, CA. 95836		
Is this a K-12 Campus?	Yes	40 0
Underlying incident resulted in arrest?	Yes	No
Underlying incident resulted in crime report?	Yes	No
Corresponding SCSO Report #: 18-00312	Primary Ag	gency? Yes No
Primary reason for contact: (Mark all that apply)		
[] Call for service [] Pre-planned activity [] We	elfare check	
[] Vehicle/Bicycle/Boat Stop [] Investigation []	Public flag d	lown [] Ambush-No warning
[] Civil Disorder		
*If this was an in custody incident choose from	n one of the	following event options:
[] In Transit [X] Awaiting Booking [] Booked-No	charges file	d [] Booked-Awaiting trial
[] Out to Court [] Sentenced [X] Other: REMA	NOED BY	SUPERICR COURT TUDGE
Number of civilian(s) who assaulted officer(s):	Number of	officer(s) assaulted:
Number of officer(s) who used force: _i Number	r of Civilian(s	s) who experienced use of force 1
Number of Officer(s) present on scene 3		



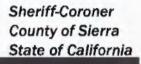
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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Page 2 of 5

Civilian level of resistance:
[] Cooperative [X] Passive-non compliance [X] Resistance [] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [] Other weapon: [X] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: Yes (No (If yes choose severity)
[] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No
Type of force used by officer (Check all that apply): [¾ Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): [] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest
[] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[] Front below waist/groin area [] Rear below waist/buttocks [X] Arms/hands [] Front legs/feet





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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Page 3 of 5

[] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: None/Refused [] Treated at scene [] Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injuries
Civilian Demographics:
Gender: (circle one) Date of Birth: 02/22/1990
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese [X] White [] Other
Civilian Behavior: Erratic behavior observed? Yes No
*If Yes, Indicate signs by checking all that apply: [] Mental disability [] Developmental disability [] Physical Disability [] Drug impairment
[] Alcohol impairment
SCSO Staff Injury: Yes No (If yes choose severity)
[] Minor injury [] Serious bodily injury [] Death
*If death is selected indicate whether death occurred as a result of force used: Yes No



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Page 4 of 5

Type of force used by civilian (check all that apply); [] Physical Contact (If checked, circle all options that apply)
Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc
[] Discharge of Firearm (If checked, circle all that apply):
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device
[] Impact Projectile [] Knife, Blade or Stabbing Instrument [] Animal [] Other dangerous weapon
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front Side Rear
[] Neck/throat [] Front upper torso/chest [] Rear upper torso/back [] Front lower torso/abdomer
[] Rear lower torso/back [] Front below waist/groin [] Rear below waist/buttocks [] Arms/hands
[] Front legs/feet [] Rear legs
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical aid: [] None/Refused [] Treated at scene [] Treated at Hospital & Released [] Admitted to hospital
[] Admitted to Hospital with critical injuries
SCSO Staff Member Demographics:
Gender (circle one): Date of Birth 27/24/1968
Male Female Transgender
*Was the staff member on duty? Yes No



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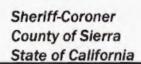
SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

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Race (check all that apply):
[] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean
[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese
White [] Other Asian [] Other Pacific Islander [] Other
<u>Dress:</u> [X] Patrol Uniform
Tactical Uniform
[] Utility Uniform
[] Plainclothes

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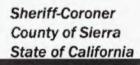


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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

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Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)
Date if occurrence: 3/20/18 Time of occurrence: 1300
Incident Location (Address) (number, street, city, zip):
Is this a K-12 Campus? Yes No
Underlying incident resulted in arrest?
Underlying incident resulted in crime report? No
Corresponding SCSO Report #: 18-00585 Primary Agency? (Yes) No
Primary reason for contact: (Mark all that apply)
Call for service [] Pre-planned activity [] Welfare check [] In custody event* [] Ped stop
[] Vehicle/Bicycle/Boat Stop [] Investigation [] Public flag down [] Ambush-No warning
[] Civil Disorder
*If this was an in custody incident choose from one of the following event options:
In Transit [] Awaiting Booking [] Booked-No charges filed [] Booked-Awaiting trial
[] Out to Court [] Sentenced [] Other:
Number of civilian(s) who assaulted officer(s): Number of officer(s) assaulted:
Number of officer(s) who used force: Number of Civilian(s) who experienced use of force
Number of Officer(s) present on scene





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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Civilian level of resistance:
[] Cooperative [] Passive-non compliance [] Resistance [] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [] Other weapon: [] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: No (If yes choose severity)
Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No
Type of force used by officer (Check all that apply): Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): [] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest
[] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[] Front below waist/groin area [] Rear below waist/buttocks X] Arms/hands [] Front legs/feet



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Civilian Injury Type (Check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: [] None/Refused [] Treated at scene [] Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injuries
Civilian Demographics: Gender: (circle one) Date of Birth: 10/4/1968
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic [] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan [] Other Pacific Islander [] Vietnamese White [] Other
Civilian Behavior: Erratic behavior observed? Yes No
*If Yes, Indicate signs by checking all that apply: [] Mental disability [] Developmental disability [] Physical Disability [] Drug impairment
[] Alcohol impairment
SCSO Staff Injury: Yes (If yes choose severity)
[] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

[] Physical Contact (If checked, circle all options that apply)
Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc
[] Discharge of Firearm (If checked, circle all that apply):
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device
[] Impact Projectile [] Knife, Blade or Stabbing Instrument [] Animal [] Other dangerous weapon
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front Side Rear
[] Neck/throat [] Front upper torso/chest [] Rear upper torso/back [] Front lower torso/abdomen
[] Rear lower torso/back [] Front below waist/groin [] Rear below waist/buttocks [] Arms/hands
[] Front legs/feet [] Rear legs
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical aid: None/Refused [] Treated at scene [] Treated at Hospital & Released [] Admitted to hospital
[] Admitted to Hospital with critical injuries
SCSO Staff Member Demographics: Gender (circle one): Date of Birth
Male) Female Transgender
*Was the staff member on duty? (Yes) No



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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

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Race (check all that apply): [] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean	
[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese	
White [] Other Asian [] Other Pacific Islander [] Other	
Dress: Patrol Uniform	

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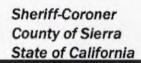
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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Page 1 of 5

Physical force used against: (If physical force was used against both a civilian and a staff member, mark both)
[X] Civilian [] SCSO staff [] Both
Date if occurrence: 11/2/2018 Time of occurrence: 1520 hours
Incident Location (Address) (number, street, city, zip): Vicinity of Main Street and Hill Street Loyalton
Is this a K-12 Campus? Yes (No)
Underlying incident resulted in arrest?
\sim
Underlying incident resulted in crime report? Yes No
Corresponding SCSO Report #: 18-01759 Primary Agency? (Yes) No
Primary reason for contact: (Mark all that apply)
[] Call for service [] Pre-planned activity [] Welfare check [] In custody event* [] Ped stop
[] Vehicle/Bicycle/Boat Stop [X] Investigation [] Public flag down [] Ambush-No warning
[] Civil Disorder
*If this was an in custody incident choose from one of the following event options:
[] In Transit [] Awaiting Booking [] Booked-No charges filed [] Booked-Awaiting trial
[] Out to Court [] Sentenced [] Other:
Number of civilian(s) who assaulted officer(s): D Number of officer(s) assaulted: D
Number of officer(s) who used force: Number of Civilian(s) who experienced use of force
Number of Officer(s) present on scene 2 DHEN FORCE DAS USED.





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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Civilian level of resistance.
[] Cooperative [] Passive-non compliance [] Resistance [] Assaultive* [] Life-threatening*
[] Cooperative [] Passive-non compliance Resistance [] Assaultive* [] Life-threatening* Civilian armed with: [] Confirmed
[] Firearm [] Stabbing instrument [] Other weapon: [] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: Yes No (If yes choose severity) Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No
Type of force used by officer (Check all that apply): N Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): [] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest
Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[] Front below waist/groin area [] Rear below waist/buttocks [] Arms/hands [] Front legs/feet



Sheriff-Coroner County of Sierra State of California

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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

Civilian Injury Type (Check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury X Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: None Refused Treated at scene Treated at facility(released) Admitted to Hospital
[] Admitted to Hospital with critical injuries
Civilian Demographics: Gender: (circle one) Date of Birth: 2 4 1986
Gender: (circle one) Date of Birth:
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese [White [] Other
Civilian Behavior: Erratic behavior observed? Yes
*If Yes, Indicate signs by checking all that apply: [] Mental disability [] Developmental disability [] Physical Disability [] Drug impairment
[] Alcohol impairment
SCSO Staff Injury: Yes No (If yes choose severity)
Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No



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Type of force used by civilian (check all that apply): [] Physical Contact (If checked, circle all options that apply)
Control Hold/Takedown Carotid Restraint Other use of hands, fists, feet, etc
[] Discharge of Firearm (If checked, circle all that apply):
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device
[] Impact Projectile [] Knife, Blade or Stabbing Instrument [] Animal [] Other dangerous weapon
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front Side Rear
[] Neck/throat [] Front upper torso/chest [] Rear upper torso/back [] Front lower torso/abdomen
[] Rear lower torso/back [] Front below waist/groin [] Rear below waist/buttocks [] Arms/hands
[] Front legs/feet [] Rear legs
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical aid: [] None/Refused [] Treated at scene [] Treated at Hospital & Released [] Admitted to hospital
[] Admitted to Hospital with critical injuries
SCSO Staff Member Demographics: Gender (circle one): Date of Birth
Gender (circle one): Date of Birth
Male Female Transgender
*Was the staff member on duty? (Yes) No



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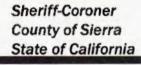
SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

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Race (check all that apply): [] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean	
[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese	
White [] Other Asian [] Other Pacific Islander [] Other	
Dress: [] Patrol Uniform [] Tactical Uniform [] Utility Uniform [X] Plainclothes — WITH TAC VEST	

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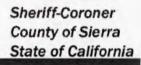
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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Page 1 of 5

Physical force used against: (If physical force was	used against both a civilian and a staff member, mark both)
[X] Civilian [] SCSO staff [] Both	
Date if occurrence: 11/29/17	Time of occurrence: Approx. 2100
Incident Location (Address) (number, street, city	y, zip): 589 Longhorn Drive Loyalton, CA 96118
Is this a K-12 Campus?	Yes No
Underlying incident resulted in arrest?	Yes No
Underlying incident resulted in crime report?	(Yes) No
Corresponding SCSO Report #: 17-02029	Primary Agency? Yes No
Primary reason for contact: (Mark all that apply)	
[X] Call for service [] Pre-planned activity [] \	Welfare check [] in custody event* [] Ped stop
[] Vehicle/Bicycle/Boat Stop [] Investigation	[] Public flag down [] Ambush-No warning
[] Civil Disorder	
*If this was an in custody incident choose from	om one of the following event options:
[] In Transit [] Awaiting Booking [] Booked-	No charges filed [] Booked-Awaiting trial
[] Out to Court [] Sentenced [] Other:	
Number of civilian(s) who assaulted officer(s): _	0 Number of officer(s) assaulted: 0
Number of officer(s) who used force: 1 Num	nber of Civilian(s) who experienced use of force _1_
Number of Officer(s) present on scene 1	





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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

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Civilian level of resistance:
[] Cooperative [] Passive-non compliance [X] Resistance [] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [X] Perceived
[X] Firearm [] Stabbing instrument [] Other weapon: [] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: Yes No (If yes choose severity)
[X] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No
Type of force used by officer (Check all that apply): [X] Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): [] Head (circle all that apply) Front Side Rear [] Neck/throat [] Front upper torso/chest
[] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
I 1 Front below waist/groin area 1 Rear below waist/buttocks X 1 Arms/hands 1 Front legs/feet



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Civilian Injury Type (Check all that apply) [] Unconsciousness [] Concussion []	Bone fracture [] Internal Injury [X] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot w	ound [] Stabbing wound
Medical Aid: [X] None/Refused [] Treated at scene	[] Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injurie	es es
Civilian Demographics:	
Gender: (circle one)	Date of Birth: 01/05/1975
Male Female Transgender	
	Black [] Cambodian [] Chinese [] Filipino [] Hispanic se [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese	[X]White []Other
Civilian Behavior: Erratic behavior observed? Yes	No
*If Yes, Indicate signs by checking all to [] Mental disability [] Developmental disability []	that apply: sability [] Physical Disability [] Drug impairment
[X] Alcohol impairment	
SCSO Staff Injury: Yes No (If yes choose severity)
[] Minor injury [] Serious bodily injury] Death
*If death is selected, indicate whether	death occurred as a result of force used: Yes No



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Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Electronic Control Device
[] Impact Projectile [] Knife, Blade or Stabbing Instrument [] Animal [] Other dangerous weapon
Location(s) of force used (check all that apply): [] Head (if checked circle all that apply): Front Side Rear
[] Neck/throat [] Front upper torso/chest [] Rear upper torso/back [] Front lower torso/abdomen
[] Rear lower torso/back [] Front below waist/groin [] Rear below waist/buttocks [] Arms/hands
[] Front legs/feet [] Rear legs
Injury Type (check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical aid: None/Refused [] Treated at scene [] Treated at Hospital & Released [] Admitted to hospital
[] Admitted to Hospital with critical injuries
SCSO Staff Member Demographics: Gender (circle one): Date of Birth 4 30 1985
Male Female Transgender
*Was the staff member on duty? Yes No



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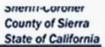
SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL INFORMATION

This form is to be used anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office

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Race (check all that apply): [] American Indian [] Asian Indian [] Black [] Hispanic [] Cambodian [] Chinese [] Korean	
[] Filipino [] Guarnanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese	
White [] Other Asian [] Other Pacific Islander [] Other	
Dress: [X] Patrol Uniform [] Tactical Uniform [] Utility Uniform [] Plainclothes	

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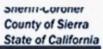
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SIERRA COUNTY SHERIFF'S OFFICE USE OF FORCE STATISTICAL **INFORMATION**

This form is to be completed anytime physical force is used by or against any staff member employed by the Sierra County Sheriff's Office.

Page 1 of 5

Physical force used against: (If physical force was u	sed against b	oth a civilian	and a staff r	nember, mark both)
[X] Civilian [] SCSO staff [] Both				
Date if occurrence: 07/19/2019	Time of o	ccurrence:	аррх. 21	24 hrs.
Incident Location (Address) (number, street, city,	zip): <u>Sierra</u>	County Sh	eriff's Offic	e
Is this a K-12 Campus?	Yes	No		
Underlying incident resulted in arrest?	Yes	No		
Underlying incident resulted in crime report?	Yes	No		
Corresponding SCSO Report #: 19-01056	Primar	y Agency?	Yes	No
Primary reason for contact: (Mark all that apply)				
[] Call for service [] Pre-planned activity [] We	elfare check	[X] In cust	tody event	[] Ped stop
[] Vehicle/Bicycle/Boat Stop [] Investigation []	Public flag	down [] Ar	mbush-No	warning
[] Civil Disorder				
*If this was an in custody incident choose from	n one of the	following	event opti	ons:
[] In Transit [X] Awaiting Booking [] Booked-N	No charges f	iled [] Boo	ked-Awaiti	ng trial
[] Out to Court [] Sentenced [] Other:				
Number of civilian(s) who assaulted officer(s):	Number of	officer(s) as	ssaulted: _	
Number of officer(s) who used force: _1_ Numb	er of Civilian	(s) who exp	erienced u	se of force
Number of Officer(s) present on scene				

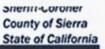




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Civilian level of resistance:
[] Cooperative [] Passive-non compliance [X] Resistance [X] Assaultive* [] Life-threatening*
Civilian armed with: [] Confirmed [] Perceived
[] Firearm [] Stabbing instrument [] Other weapon: [] Not armed
*If armed, indicate if attempt was made to disarm (circle one): Yes No
Civilian Injury: Yes No (If yes choose severity)
[X] Minor injury [] Serious bodily injury [] Death
*If death is selected, indicate whether death occurred as a result of force used: Yes No
Type of force used by officer (Check all that apply): [X] Physical contact (If checked circle options used)
Control Hold/takedown Carotid Restraint X Other use of hands, fists, feet, etc.
[] Discharge of Firearm (If checked circle all that apply)
Handgun Rifle Shotgun
[] Vehicle contact [] Blunt/Impact weapon [] Chemical Spray [] Chemical spray
[] Electronic Control Device [] Impact projectile [] Knife, Blade or Stabbing Instrument
[] Other Dangerous Weapon [] K-9 Contact
Location(s) of force used (check all that apply): [] Head (circle all that apply) Front Side Rear [] Neck/throat [X] Front upper torso/chest
[] Rear upper torso/back [] Front lower torso/abdomen [] Rear lower torso/back [] Rear legs
[] Front below waist/groin area [] Rear below waist/buttocks [] Arms/hands [] Front legs/feet





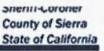
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Civilian Injury Type (Check all that apply): [] Unconsciousness [] Concussion [] Bone fracture [] Internal Injury [] Abrasion/Laceration
[] Obvious disfigurement [] Gunshot wound [] Stabbing wound
Medical Aid: [X] None/Refused [] Treated at scene [] Treated at facility(released) [] Admitted to Hospital
[] Admitted to Hospital with critical injuries
Civilian Demographics:
Gender: ('circle one) Date of Birth: 11/08/1981
Male Female Transgender
Race:(check all that apply) [] American Indian [] Asian Indian [] Black [] Cambodian [] Chinese [] Filipino [] Hispanic
[] Guamanian [] Hawaiian [] Japanese [] Korean [] Laotian [] Other Asian [] Samoan
[] Other Pacific Islander [] Vietnamese [X] White [] Other
Civilian Behavior: Erratic behavior observed? Yes No
*If Yes, Indicate signs by checking all that apply: [] Mental disability [] Developmental disability [] Physical Disability [] Drug impairment
[X] Alcohol impairment
SCSO Staff Injury: Yes No (If yes choose severity)
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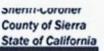
Mike Fisher

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[] Obvious disfigurement [] Gunshot wound [] Stabbing wound	
Medical aid: [] None/Refused [] Treated at scene [] Treated at Hospital & Released [] Admitted	ed to hospital
[] Admitted to Hospital with critical injuries	
SCSO Staff Member Demographics:	
Gender (circle one): Date of Birth 02/02/1976	
Male Female Transgender	
*Was the staff member on duty? Yes No	





Mike Fisher

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[] Filipino [] Guamanian [] Hawaiian [] Japanese [] Laotian [] Samoan [] Vietnamese
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Dress: [X] Patrol Uniform [] Tactical Uniform [] Utility Uniform [] Plainclothes

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